



REGISTRY OF ELECTION FINANCE
404 JAMES ROBERTSON PARKWAY, SUITE 1614
NASHVILLE, TN 37243-1360
(615) 741-7959

CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates

For Single-Candidate Committees

1. DATE OF REPORT <u>January 26, 1996</u>		2.A. NAME OF CANDIDATE OR COMMITTEE <u>Jack Sharp</u>	
2.B. IF COMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE	
4.A. CAMPAIGN ADDRESS <small>Street or Rural Route City State Zip Code Phone</small> <u>3211 Old Ringgold rd. East Ridge, TN 37412 615-698-4399</u>			
4.B. CANDIDATE'S HOME ADDRESS (if different than 4.A.) <small>Street or Rural Route City State Zip Code Phone</small>			
5. OFFICE SOUGHT (include district no., if applicable) <u>State Rep. District 30</u>		6. NAME OF POLITICAL TREASURER (may be candidate) <u>Patricia A. Kays</u>	
7. CATEGORY OF REPORT PRE-PRIMARY <input type="checkbox"/> POST-PRIMARY <input type="checkbox"/> PRE-GENERAL <input type="checkbox"/> POST-GENERAL <input type="checkbox"/> SUPPLEMENTAL <input checked="" type="checkbox"/> AMENDED <input type="checkbox"/>			
8.A. BEGINNING DATE OF REPORTING PERIOD <u>January 1, 1995</u>		8.B. ENDING DATE OF REPORTING PERIOD <u>December 31, 1995</u>	
9. (Check one) A. <input type="checkbox"/> This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e., and 12f.) B. <input checked="" type="checkbox"/> This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.			
10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by political candidates/campaign by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code. <u>Jack Sharp</u> <u>1-26-96</u> <u>Patricia A. Kays</u> <u>1-26-96</u> <small>signature of candidate date signature of political treasurer date</small>			
11. SWORN TO AND SUBSCRIBED BEFORE ME IN THE COUNTY OF <u>Hamilton</u> AND THE STATE OF <u>Tennessee</u> THIS <u>26th</u> DAY OF <u>January</u> 19 <u>96</u> <u>Linda H. Osterhus</u> <small>notary public</small> <u>7-29-97</u> <small>date commission expires</small> <small>Notary Seal</small>		SWORN TO AND SUBSCRIBED BEFORE ME IN THE COUNTY OF <u>Hamilton</u> AND THE STATE OF <u>Tennessee</u> THIS <u>26th</u> DAY OF <u>January</u> 19 <u>96</u> <u>Linda H. Osterhus</u> <small>notary public</small> <u>7-29-97</u> <small>date commission expires</small> <small>Notary Seal</small>	
12. SUMMARY			
a. BALANCE ON HAND LAST REPORT.....		\$ <u>1614.07</u>	
b. TOTAL RECEIPTS THIS PERIOD.....		\$ <u>83.68</u>	
c. TOTAL DISBURSEMENTS THIS PERIOD.....		\$ <u>0</u>	
d. BALANCE ON HAND (12a. plus 12b. minus 12c.).....		\$ <u>1697.75</u>	
e. TOTAL LOANS OUTSTANDING.....		\$ <u>0</u>	
f. TOTAL OBLIGATIONS OUTSTANDING.....		\$ <u>0</u>	



SUMMARY PAGE

13. NAME OF CANDIDATE OR COMMITTEE (In Full) <u>Jack Sharp</u>	14. REPORT COVERING THE PERIOD FROM: <u>1-1-95</u> TO: <u>12/31/95</u>
RECEIPTS	
15. CONTRIBUTIONS (other than loans and interest)	
a. Unitemized Contributions (\$100 or less from each source this period).....	\$ <u>0</u>
b. Itemized Contributions (over \$100 from each source this period).....	\$ <u>0</u>
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15a. and 15b.).....	\$ <u>0</u>
16. LOANS RECEIVED THIS REPORTING PERIOD.....	\$ <u>0</u>
17. INTEREST RECEIVED THIS REPORTING PERIOD.....	\$ <u>83.68</u>
18. TOTAL RECEIPTS (add 15c., 16., and 17.) (must be shown in item 12b.).....	\$ <u>83.68</u>
DISBURSEMENTS	
19. EXPENDITURES (other than loan payments)	
a. Expenditures (\$100 or less each payee this period)(must be listed by category - e.g. printing, postage, gasoline)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total of Expenditures (\$100 or less each payee).....	\$ <u>0</u>
b. Itemized Campaign Expenditures (Over \$100 each payee this period).....	\$ <u>0</u>
c. Itemized Other Expenditures (Over \$100 each payee this period).....	\$ <u>0</u>
d. TOTAL EXPENDITURES (other than loan repayments)(add 19a., 19b., and 19c.).....	\$ <u>0</u>
20. LOAN REPAYMENTS MADE THIS PERIOD.....	\$ <u>0</u>
21. TOTAL DISBURSEMENTS (add 19d. and 20.) (must be shown in item 12c.).....	\$ <u>0</u>
22. IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period).....	
\$ <u>0</u>	
b. Itemized in-kind contributions (over \$100 from each source this period).....	
\$ <u>0</u>	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22a. and 22b.).....	
\$ <u>0</u>	
23. LOANS	
LOANS OUTSTANDING (must be shown in item 12e.).....	
\$ <u>0</u>	
24. OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each).....	
\$ <u>0</u>	
b. Itemized Obligations Outstanding (Over \$100 each).....	
\$ <u>0</u>	
c. TOTAL OBLIGATIONS OUTSTANDING (add 24a. and 24b.) (must be shown in item 12f.).....	
\$ <u>0</u>	



ITEMIZED STATEMENT OF CONTRIBUTIONS—CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING THE PERIOD	
Jack Sharp		FROM: 1-1-95	TO: 12-31-95
3. TOTAL ITEMIZED CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)		Amount	
4. COMPLETE THE FOLLOWING FOR EACH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 from any contributor during the period)			
Full Name, Address, City, State and Zip Code of Contributor			Amount
Full Name, Address, City, State and Zip Code of Contributor			Amount
Full Name, Address, City, State and Zip Code of Contributor			Amount
Full Name, Address, City, State and Zip Code of Contributor			Amount
Full Name, Address, City, State and Zip Code of Contributor			Amount
Full Name, Address, City, State and Zip Code of Contributor			Amount
Full Name, Address, City, State and Zip Code of Contributor			Amount
5. TOTAL ITEMIZED CONTRIBUTIONS (Total of items 3. and 4.) (Carry forward to item 3. of next page if additional pages of this form are used. If this is the last page of contributions, this amount must be shown in item 15b. of summary page.)			0



ITEMIZED STATEMENT OF CAMPAIGN EXPENDITURES—CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <u>Jack Sharp</u>		2. REPORT COVERING THE PERIOD	
		FROM: <u>1-1-95</u>	TO: <u>12-31-95</u>
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first page)		Amount	
4. COMPLETE THE FOLLOWING FOR EACH ITEMIZED CAMPAIGN EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)			
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
5. TOTAL ITEMIZED CAMPAIGN EXPENDITURES (Total of items 3. and 4.) (Carry forward to item 3. of next page if additional pages of this form are used. If this is the last page of campaign expenditures, this amount must be shown in item 19b. of summary page.)		0	



ITEMIZED STATEMENT OF OTHER EXPENDITURES—CANDIDATE
(EXPENDITURES OTHER THAN CAMPAIGN EXPENDITURES)

1. NAME OF CANDIDATE OR COMMITTEE <i>Jack Sharp</i>		2. REPORT COVERING THE PERIOD FROM: <i>1-1-95</i> TO: <i>12-31-95</i>	
3. TOTAL ITEMIZED OTHER EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first page)		Amount	
4. COMPLETE THE FOLLOWING FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)			
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
Full Name, Address, City, State and Zip Code of Payee	Purpose of Expenditure	Amount	
5. TOTAL ITEMIZED OTHER EXPENDITURES (Total of items 3. and 4.) (Carry forward to item 3. of next page if additional pages of this form are used. If this is the last page of other expenditures, this amount must be shown in item 19c. of summary page.)		○	



ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS—CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE <i>Jack Sharp</i>		2. REPORT COVERING THE PERIOD FROM: <i>1-1-95</i> TO: <i>12-31-95</i>	
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)		Amount	
4. COMPLETE THE FOLLOWING FOR EACH ITEMIZED IN-KIND CONTRIBUTION (in-kind contributions totaling more than \$100 from any contributor during the period)			
Full Name, Address, City, State and Zip Code of Contributor	Description of In-Kind Contribution	Amount	
Full Name, Address, City, State and Zip Code of Contributor	Description of In-Kind Contribution	Amount	
Full Name, Address, City, State and Zip Code of Contributor	Description of In-Kind Contribution	Amount	
Full Name, Address, City, State and Zip Code of Contributor	Description of In-Kind Contribution	Amount	
Full Name, Address, City, State and Zip Code of Contributor	Description of In-Kind Contribution	Amount	
Full Name, Address, City, State and Zip Code of Contributor	Description of In-Kind Contribution	Amount	
Full Name, Address, City, State and Zip Code of Contributor	Description of In-Kind Contribution	Amount	
Full Name, Address, City, State and Zip Code of Contributor	Description of In-Kind Contribution	Amount	
Full Name, Address, City, State and Zip Code of Contributor	Description of In-Kind Contribution	Amount	
5. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS (Total of items 3. and 4.) (Carry forward to item 3. of next page if additional pages of this form are used. If this is the last page of in-kind contributions, this amount must be shown in item 22.b. of summary page.)		<i>0</i>	

TOTALS (Items 4—7) (Total of Item 7 must be shown in Item 23. of summary page.)	0	0	0	0

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Amalgams

10.72

8018 E. Brainerd Rd.
East Brainerd, TN 37412
Election Day

Pizza Czeas 53.82
7401 E. Brainerd Rd.
East Brainerd, TN 37412
Election Day

Total: \$ 173.52

The total of 12a. 0
12b. 3870.00
12c. 3837.91
12d. 32.09

12b. 1164.36
12c. 707.80
12d. 488.65

Report filed October 31, 1994 should be as follows:

12a. 488.65
12b. 4240.00
12c. 1757.51
12d. 2971.14

Report filed January 17, 1995 should read as follows:

12a. 2971.14
12b. 1450.00
12c. 2807.07
12d. 1614.07

Corrections to line item 19:

19.a Election Day	46.44
Printing	9.96
Postage	3.27
Postage	86.81
Thank-Yous	40.95
Reception	96.41
Gasoline	5.00
Election Day	97.17

Total: \$ 386.01

19a. 386.01
19b 1,121.06
19c. 0
19d. 1,507.07

20. 1,300.00

21. 2,807.07

12a. 2971.14
12b. 1450.00
12c. 1614.07

The information from the first report as you can see, was carried throughout the entire campaign.
If you have any questions, please contact me at (423) 344-1523.

Sincerely,

Patricia Kays
Patricia A. Kays